



Request to Purchase Additional Service Credit

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860
Toll Free: 1-888-286-3544
Homepage: www.in.gov/trf
e-mail: trf@state.in.gov

PRIVACY NOTICE

Your TRF number is required on this form. Without it our agency cannot process your request. To obtain your number, send us a written request including your social security number, date of birth, current address and signature. We will mail you the information.

General Information

Indiana Code 5-10.2-3-1.2 permits an active member to purchase one (1) year of additional service credit with the Indiana Teachers' Retirement Fund (TRF) for each five (5) years of TRF or Public Employees' Retirement Fund (PERF) covered employment.

A member who has earned at least ten (10) years of combined TRF/PERF service and is currently employed in a TRF covered position may purchase additional service credit. The amount of service credit eligible for purchase is based on the following:

Your service credit totals:	You may purchase:
10 – 14	2
15 – 19	3
20 – 24	4
25 – 29	5
30 – 34	6
35 – 39	7
40 – 44	8
45 – 49	9

Procedure for Purchase of Service

If you meet the above criteria, please complete Part 1: Applicant Information and Authorization to Release Information and forward to your current employer. Employers should complete Part 2: Current Employer Information. Once complete, please return the form to TRF. Upon the receipt of these forms, properly completed, we will advise you of any creditable service. If you wish to purchase the service, you must complete the assessment and return it with your payment. Checks should be made payable to the Indiana State Teachers' Retirement Fund.

Refunds

If a member purchases service credit and elects to withdraw from the Fund prior to becoming vested, with at least ten (10) years of service, the amount the member has paid plus accumulated interest will be refunded.



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State Form 52006 (12-04)
Approved by the State Board of Accounts, 2004

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INSTRUCTIONS:

1. Please complete Part 1, then forward to employing school unit.
2. Please complete Part 2, then forward to the Indiana State Teachers' Retirement Fund.

Part 1: Applicant Information and Authorization to Release Information

I authorize the release of any and all information as requested by the Fund pertaining to my application to purchase additional service credit with the Fund.

Member name (first, middle, last)

TRF number (required)

Date of Birth (*mm/dd/yyyy*)

Address (*number and street*)

City

State

ZIP

Home telephone

Other telephone

E-mail address

Number of years I wish to purchase (*Please refer to the table in the instructions for the maximum amount*)

Signature

Date (*mm/dd/yyyy*)

Part 2: Current Employer Information

This certifies that the above named individual is employed by us in a TRF covered position.

Title of position

Hire Date (*mm/dd/yyyy*)

Annual salary

Signature of authorized agent

Date (*mm/dd/yyyy*)

Printed name of authorized agent

Telephone number

Name of employer

School unit number

Note: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.